									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORI Effective January 1, 2003								·	10400142					
								SMALL ENTITY			OR	OTHER SMALL		
TOTAL CLAIMS			57					RATE	=]	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			54 minus 20=		· 30			X\$ 9=			OR	X\$18=	(JUE)	
INDEPENDENT CLAIMS			(minus 3 =		* 3			X42=			OR	X84=	252	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2		TOTA			OR	TOTAL	1650	
CLAIMS AS AMENDED - PART II												OTHER	-	
	(Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=			OR	X\$18=		
	Independent	*	Minus	***		=		X42=			OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	<u>=</u>		OR	+280=		
1 21/37 42 47 52								TOT	ΓAL	l.		TOTAL	-	
1.	(Column 1) (Column 2) (Column 3)								EE			ADDIT. FEE		
MENDMENT B	11 1/ 4	CLAIMS	1	HIGH	IEST		1		1	ADDI-	l		ADDI-	
		REMAINING AFTER AMENDMENT		PREVI		PRESENT EXTRA		RAT	Ε	TIONAL		RATE	TIONAL FEE	
	Total	* 25	Minus	** 5	10	=		X\$ 9	_		OR	X\$18=		
	Independent	. 6	Minus	4**	6	= .		X42=			•			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							742	_		OR			
								+140			OR	+280=	·	
									ADDIT. FEE		OR	ADDIT FEE	L	
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=		X42=	<u>-</u>		OR	X84=	لأ	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1	+280=		
9.1														
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The *Highest Num	nber Previously Pa	id For (Total o	r Independ	lent) is th	e highest numbe	er fo	und in the	e ap	propriate bo	x in co	olumn 1.		

FORM PTO-875 (Rev. 12/02)

*U.S. Government Printing Office: 2003 — 498-278/69151

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